Revision: HCFA-PM-87-9

AUGUST 1987

(BERC)

ATTACHMENT 4.22-A

Page 1

OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

Requirements for Third Party Liability -Identifying Liable Resources

Data Exchanges

TPL information is collected during SWICA file match for Title IV-A applicants, all other Medicaid applicants and absent or custodial parents weekly. TPL information is collected during SWICA file match for Title IV-A recipients, all other Medicaid recipients and absent or custodial parents monthly. TPL information is collected during SSA Wage and Earnings file match for Title IV-A applicants and recipients, all other Medicaid applicants and recipients and absent or custodial parents monthly. These intervals are are in accordance with the intervals specified in 42 CFR 435.948. The Title IV-A agency identifies Medicaid recipients that are employed and their employers at application and redetermination. Employers are queried within 30 days in order to identify legally liable third party resources and incorporate such infomration into the eligibility case file. Health insurance information obtained during the initial application and redetermination processes is forwarded to the Third Party Liability Unit (TPL) and within 60 days the Third Party Liability Unit will verify and incorporate into the Third Party Data Base.

State Workers' Compensation declined entering into a written agreement; however, agreed to perform the match. This information is contained in documentation submitted with HCFA-179 Transmittal 87-24. Workers' Compensation match will be performed quarterly. A report is generated and forwarded to the Third Party Liability Unit. Follow-up is initiated within 30 days by the Third Party Liability Unit.

State Motor Vehicle Exchange was attempted but discontinued due to insufficient identifying information in Motor Vehicle Accident files. Documentation is submitted with HCFA-179 Transmittal 87-24.

Diagnosis and Trauma Code Edits

The MMIS System edits each claim for the presence of an accident or trauma diagnosis on all paid claims. If there is an accident or trauma diagnosis present, the MMIS System automatically generates an accident letter (TPL 013) to the recipient inquiring as to the nature of the accident (how, when, and where the accident took place) and if any claims were filed with an insurance company. If so, policy information is requested. The recipient has 30 days to respond to the accident inquiry or benefits will be terminated.

•			
TN No. 87-2 Supersedes TN No. 86-9	7 Approval Date SEP 1 3 1988	Bffective	
	DO	HCFA	ID:1076P/0019P
	STATE	- 1	
	DATE REC'D 001 1 6 1987	i	
	Day Apple Str 15 1908	į	
	MAY 2 8 1987	1	
ļ	8724		

Revision: HCFA-PM-87-9

AUGUST 1987

(BERC)

ATTACHMENT 4.22-A

Page 2
OMB NO.:

0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

Requirements for Third Party Liability - Identifying Liable Resources

Diagnosis and Trauma Code Edits (cont.)

If an insurance company has been billed, the insurance is notified of the claims paid by the Medicaid program within 30 days. If the liability has not been determined, the recipient is asked if litigation is planned. If litigation is planned, the name, address, and phone number of the attorney hired to represent the recipient is requested. The attorney is placed on notice of the Medicaid program's interest in the case within 60 days. Once an attorney has been placed on notice, subsequent follow-up notices are sent every 90 days. All information received in response to the automated accident letters are entered in the Third Party Liability letter file on-line on a daily basis. An accident and trauma report is produced weekly reflecting all claims paid with an accident or trauma diagnosis 800-999 (Except 994.6) as specified in 42 CFR 433.138 (e). This information is incorporated into the TPL files. The report will be reviewed semi-annually for diagnosis codes and collections associated with diagnosis codes during previous six-month period to determine the priority of follow-up activity. If health insurance is identified in accident and trauma follow-up activity, it will be incorporated into data base with 60 days.

STATE AR	
DATE REC'D OCT 1 6 1987	
DATE APPVID SEP 1 3 1988 DATE EFF	A
HCIA 179 87-24	

TN No. $\frac{8734}{9}$ Supersedes
TN No. $\frac{869}{9}$

new page #

Approval Date SEF 1 5 1988

Effective Date MAY 28 198/

HCFA ID:1076P/0019P